

Belin Memorial UMC Blessing of the Inlet Artisan Application

Saturday, May 4, 2024

\$100 per space

(PLEASE PRINT CLEARLY)

1st Contact Name _____ Phone Number (____) _____ - _____

Business Name: _____

Address _____ City _____ State ____ Zip _____

Email Address _____ RECEIVE TEXT? YES NO (circle one)

2nd Contact Name _____ Phone Number (____) _____ - _____

Email Address _____ RECEIVE TEXT? YES NO (circle one)

Retail License Number # _____ (provide copy of retail license **ONLY** if you have not submitted one in the past). If you do not have a retail license, we have a SCDOR vendor letter accompanied with SCDOR-111 tax registration application. If you have questions about the license application, exemption or the license requirement, see contact information below. **APPLICATION WILL NOT BE ACCEPTED UNLESS WE HAVE RETAIL LICENSE ON FILE.**

Description of CRAFT: _____

Must provide your own tent, tables and chairs. Will you be putting up a Canopy? Circle: Yes / No

Type of vehicle you will have: Car Truck Minivan SUV Truck w/trailer (length _____)

of spaces _____ Do you plan to demonstrate your work? Circle: Yes / No

Type of vehicle you will be parking: (circle one) Car SUV Truck Truck w/trailer ____' (length) Minivan Large Van

ALL Vehicles MUST be moved to the cemetery by 8:05 am. Road will close at 8:15 am.

Signature _____ Date _____

Please email application to larab@belinumc.org. FIRST TIME BOI ARTISAN VENDORS - email pictures of art/crafts, & copy of retail license to larab@belinumc.org.

Please make checks payable to: **Belin UMC**. Description Line – **BOI Vendor**. Mail to: P. O. Box 528, Murrells Inlet, SC 29576. **Please put on envelope - Attention: BOI – Lara .**

Questions or concerns? [Email larab@belinumc.org](mailto:larab@belinumc.org).

.....Office Use Only

Date application received ____/____/____ Space Assigned # _____

Money Enclosed/Amount \$ _____ Check Number # _____